

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <div style="font-size: 1.5em; font-weight: bold;">09/980226</div>		FILING DATE					
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
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TOTAL IND.	4												
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TOTAL CLAIMS	8												

BEST AVAILABLE COPY

MAY BE USED FOR ADDITIONAL CLAIMS OR ADMEENDMENTS